DEPARTMENT OF MENTAL HEALTH

STRATEGIC PLAN

FISCAL YEAR 2005 - 2009

Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities, and alcohol and other drug abuse.

Our **Vision** describes our ultimate destination; our **Core Values,**

- Prevention
- Easy Access
- Self-determination and Recovery
- Community Integration
- Caring, Competent and Valued Staff

describe the commitments we believe are essential to reaching our destination; and this **Strategic Plan** describes the key issues facing the Department of Mental Health and outlines our goals and strategies for addressing those issues as we strive toward our vision in the context of our values.

The challenges we face are captured in **three overarching themes**:

I. Transforming the public mental health system;

II. Improving the quality of services and supports we purchase and provide;

III. Increasing efficiency and accountability while eliminating waste, fraud, and abuse.

I. MENTAL HEALTH TRANSFORMATION

After studying the public mental health system from a national perspective for the first time in more than a quarter century, President Bush's *"New Freedom Commission on Mental Health"* found that:

> "Today's mental health care system is a patchwork relic – the result of disjointed reforms and policies….[in which] responsibility is scattered

> across levels of government and across multiple agencies….The services system in many communities is more fragmented for children than that for adults, with even more uncoordinated funding streams and differing eligibility requirements."
>
> --New Freedom Commission Interim Report, p. 4-5.

And the Commission concluded that:

> "traditional reform measures …[will not] be enough to meet the expectations of consumers and families. To improve access to quality care and services, the Commission recommends fundamentally transforming how mental health care is delivered in America."
>
> --Achieving the Promise: Transforming Mental Health Care in America, Final Report, July, 2003, p.4.

Missouri has already accepted this challenge. The Department of Mental Health is charged with leading the initiative to accomplish the following transformations in Missouri's public mental health system:

From……to

- A Disability Model to a Public Health Model. The Public Mental Health Model is concerned with the mental health of the whole population, through the whole life span, and focuses on promoting a culture of mental health and healthy lifestyles, while continuing to the meet the basic mental health care needs of individuals, and the long term service and support needs of individuals with serious emotional disorders, serious mental illness, and developmental disabilities.

- Fragmentation to Consultation, Collaboration, and Integration. Under the leadership of the Department of Mental Health, consultation, collaboration, and integration, as appropriate, are needed in order to create a unified, accountable comprehensive mental health system out of the responsibilities and resources currently "scattered across levels of government and across multiple agencies."

Toward

- Balanced public-private system capacity & local-state ownership and investment. In a well-balanced system, local communities invest and take ownership in mental health, and the state does not directly operate or duplicate services or programs that are readily provided through the private sector.

- Full implementation of evidence-based practices and a culturally competent and responsive system. The public mental health system should incorporate and promote evidence-based practices including, for example, a Recovery

Model for adults with serious mental illness, a Systems of Care Model for children with serious emotional disorders, Treatment Foster Homes, Supported Employment, and care management technologies that promote efficiency and consumer choice without inappropriately restricting access; while assuring that services are accessible and competent to serve Missouri's diverse population.

- Equal access and a statewide consumer and family voice that drives decision-making and services. Consumers and families must have provider choice, the tools to make informed choices, and the key role in decision-making regarding their own services and supports, as well as in designing and implementing a system of care that assures equitable access.

- The advancement of technology to accelerate and sustain transformation. Implementation of technology that expands access and improves quality, while promoting efficiency, is important to sustaining an effective public mental health system.

These transformation principles are being applied in creating comprehensive mental health systems for children and adults, bringing a better balance to the developmental disabilities system of care through implementation of a plan to right-size the state habilitation center system, improving access to alcohol and drug abuse recovery and support services, building a more responsive system to address issues of abuse and neglect of consumers in state-operated facilities and community-based organizations which will improve safety, and creating a comprehensive prevention strategy coordinated with the prevention initiatives of the Department of Health and Senior Services.

A. Comprehensive Children's Mental Health System

The Children's Mental Health Reform Act (SB 1003), passed and signed into law in 2004, mandated the creation of, and the vehicle for developing, a transformed Comprehensive Children's Mental Health System under the leadership of the Department of Mental Health. In December, 2004, based on recommendations from a broadly representative stakeholder advisory committee, the Department of Mental Health published a "Comprehensive Children's Plan" in response to The Children's Mental Health Reform Act. The stakeholder advisory committee adopted the following vision which was incorporated into the plan:

> "Every child who needs mental health services and supports from the public mental health system will receive them through a comprehensive, seamless system that delivers services at the local level and recognizes that children and their families come first. Missouri's public mental health services system for children shall be easily accessible, culturally competent, and flexible to individual needs, accountable to those it serves, and shall result in positive outcomes for children and families."

The Plan's recommendations and strategic goals include:

Goal 1: Develop a "data warehouse" process to compile needed data across the multiple child serving agencies of the comprehensive system in an integrated and reliable manner including level of functioning, service needs, utilization and financial information across all of the involved agencies.

Strategies

1. Convene the child serving agencies and the Office of Information Technology to design the approach to creating the data warehouse.

2. Explore opportunities for funding the development of the data warehouse, including grants and private foundations.

Goal 2: Develop administrative structures that support collaborative decision-making, policy setting, and administration for, and appropriate stakeholder involvement in, the Comprehensive Children's Mental Health System at the state and local levels.

Strategies

1. Create a formalized structure for policy and decision-making across departments at the Director level.

2. Authorize the Comprehensive System Management Team (CSMT), defined in SB 1003, to function as the management structure responsible for implementation of the system.

3. Create an ongoing Stakeholder Advisory Group to advise the policy setting and system management structures.

4. Explore approaches to creating structures for decision-making, policy setting, management, and stakeholder participation at the local level.

Goal 3: Develop sufficient and flexible funding to support an efficient and appropriate system of activities, services and supports.

Strategies

1. Conduct a formal assessment of resources currently available for children's mental health services across federal and state agencies.

2. Develop strategies for blending or braiding funding to assure non-categorical service capacity.

3. Explore options for a research and demonstration waiver to blend federal funding streams to support a comprehensive system.

Goal 4: Develop and implement a quality improvement system for the Children's Comprehensive Mental Health System that measures child and family outcomes and system performance.

Strategies

1. Support the child-serving departments on the CSMT in continuing the design and implementation of a quality improvement system to be used by all participating departments.

2. Convene a workgroup of child-serving departments, mental health professionals and parents to review current processes and tools used for child mental health assessments and make recommendations for improving the quality of assessments and coordination of assessments across the children's mental health service system.

Goal 5: Develop and implement a comprehensive system to ensure the safety of child-consumers in DMH funded programs.

Strategies

1. Work with the Governor's Task Force to address areas of concern relative to ensuring the safety of children who participate in DMH funded programs.

2. Coordinate with the Department of Social Services to create a non-duplicative system of reporting and investigating child fatalities.

3. Incorporate prevention practices relative to allegations of abuse and neglect of children served in state operated or state supported mental health programming.

4. Solicit feedback from other departments on the quality of DMH investigative practices.

5. Ensure employee understanding of the responsibility to report each child death to the DSS State Technical Assistance Team.

6. Participate in all Child Fatality Review Panel evaluations resulting from deaths of children in DMH licensed or certified facilities.

7. Determine a department-appropriate response to families around the issues of abuse and neglect.

B. Comprehensive Mental Health System for Adults

Based on the model of the Comprehensive Children's Mental Health System Plan, the Department of Mental Health is also leading the initiative to transform Missouri's public mental health system for adults that shares many of the issues, goals, and strategies of the Children's Plan.

Goal 1: Develop administrative structures that support collaborative decision-making, policy setting, and administration for, and appropriate stakeholder involvement in, the Comprehensive Mental Health System for Adults at the state and local levels.

Strategies

1. Create a formalized structure for policy and decision-making across departments at the Director level.

2. Create a formalized structure for planning and implementation across departments.

3. Explore approaches to securing appropriate stakeholder participation in planning and development activities.

4. Explore approaches to creating structures for decision-making, policy setting, management, and stakeholder participation at the local level.

Goal 2: Develop sufficient and flexible funding to support an efficient and appropriate system of activities, services and supports.

Strategies

1. Conduct a formal assessment of resources currently available for adult mental health services across federal and state agencies.

2. Develop strategies for blending or braiding funding to assure non-categorical service capacity.

3. Explore options for a research and demonstration waiver to blend federal funding streams to support a comprehensive system.

4. Continue to provide education about the benefits of mental health parity in the insurance industry.

Goal 3: Develop and implement a comprehensive system to ensure the safety of adult-consumers in DMH funded programs (DMH-operated and DMH-contracted).

Strategies

1. Work cooperatively with the Governor's Task Force on Mental Health to review current DMH practice on resolving issues on allegations of abuse and neglect.

2. Investigate best practices utilized in other states around abuse and neglect investigations.

3. Implement department based recommendations coming out of the Governor's office as a result of the DMH Task Force recommendations.

4. Improve data collection and analysis of instances of allegations and substantiations of abuse and neglect.

5. Work with DHSS and DPS to identify ways to cooperate in investigating deaths occurring at facilities; reports of abuse and neglect at DMH facilities will be co-investigated by DMH and the DHSS for at least 60 days.

6. Review existing department rules and policies and State law to determine necessary changes to strengthen the safety of consumers.

7. Prepare a draft administrative rule mandating that all deaths in DMH licensed or certified facilities be reported to the local coroner or medical examiner.

8. DMH will immediately notify the Missouri State Highway Patrol and local law enforcement of any deaths or assaults in a DMH facility.

C. MRDD Habilitation Center and Community Services Plan

In April 2004, the Missouri Mental Health Commission adopted a plan to restructure the service delivery system for individuals with developmental disabilities by reconfiguring the state operated habilitation centers to meet the needs of "consumers who have needs evaluated as **high risks**, and those who need **emergency/temporary care** but cannot immediately be supported in the community." The plan assumes fewer beds will

be needed than currently operated by DMH, and identifies specific buildings on habilitation center campuses that are no longer appropriate for residential use. Finally, in January 2005, Governor Blunt recommended closing Bellefontaine Habilitation Center as part of the plan to "right-size" the state operated habilitation center system.

Goal 1: Discontinue providing residential services in the Mid Campus and Landmark Tower buildings at Marshall Habilitation Center, and in Benton Hall at Nevada Habilitation Center.

Strategies

1. Continue to identify individuals who are residing at the Marshall and Nevada facilities and whose needs could be met in the community, and work with the individuals, their families and/or guardians, and community providers to transition them to community settings.

2. Continue to transfer individuals who are residing in the Mid Campus, Landmark Tower, and Benton Hall buildings and who continue to require ICF/MR level of care to other buildings on the Marshall and Nevada campuses as appropriate, or to other state operated or community based ICF/MR facilities.

3. Work with the City of Nevada to continue to explore private development options for community residences on land adjacent to the Nevada Habilitation Center.

Goal 2: Continue the transfer of individuals residing at Bellefontaine Habilitation Center to community settings and other state operated facilities as appropriate.

Strategies

1. Continue to identify individuals whose needs can be met in the community, and work with the individuals, their families and/or guardians, and community providers to transition them to community settings with guardian permission.

2. Continue to transfer individuals who choose to remain in an ICF/MR or require placement in a state operated facility to other facilities as appropriate.

3. Continue to assure appropriate care and safety of residents at the facility, including maintaining adequate staffing, active treatment and ICF/MR certification.

4. Develop a plan for alternative uses of the vacated portions of the campus and adjacent properties, including continued use of the Multi-purpose and Elliot buildings.

Goal 3: Develop and/or enhance community-based alternatives to assist in transitioning individuals from state operated facilities to community settings.

Strategies

1. Develop Transition Integration Teams in six regions to assist individuals with significant behavioral and/or medical support needs in making the transition from state operated facilities to community settings.

2. Develop Crisis Intervention Teams to provide emergency supports to individuals residing in community settings to prevent unnecessary placement in state operated facilities and to ensure successful transitions to the community.

3. Pilot the use of tele-health networks to support the complex behavioral and/or medical support needs of individuals transitioning to community settings.

4. Pilot a peer mentoring system that will match individuals with disabilities and their families who are planning transitions from habilitation centers to the community with others living in the community who can support them during their transition.

Goal 4: Begin updating the Habilitation Center Plan.

Strategies

1. Continue to define the role of habilitation centers.

2. Develop a process for projecting the long term bed capacity required to meet the needs of individuals requiring state operated facilities.

D. Access to Recovery

The Division of Alcohol and Drug Abuse has completed the first year of a three year initiative to improve Access to Recovery services and supports. The initiative includes:

- Expanding consumer choice by **implementing a voucher system** that allows consumers to select the services and providers that best meet their personal needs.

- **Increasing the involvement of the faith community** in addressing the problems of alcohol and drug dependence and in providing support services

- **Measuring results** through the collection of outcome measures including abstinence from drugs and alcohol, no involvement with the criminal justice system, and acquiring employment and stable housing

- **Increasing treatment capacity** by adding treatment programs in underserved areas, and expanding the availability of treatment options, such as trauma counseling, relapse prevention, and peer support services.

During the first year of the grant, the Division implemented a voucher system for assessment, treatment, and recovery support services and incorporated the system into the existing Outcomes Web Client Enrollment System; promulgated credentials for new recovery support services, and developed additional treatment programs and satellite offices in underserved areas. The goals include increasing the participation of faith-based programs in the initiative, and collecting, analyzing, and reporting outcomes data.

Goal 1: Recruit, enroll and train eligible faith-based agencies to provide recovery supports

Strategies

1. Continue efforts to educate the faith community about the Access to Recovery grant and the recovery support services that have been added to the array of substance treatment services.

2. Consult with existing clinical treatment providers in order to engage recovery support organizations in their area.

3. Work with staff of Committed Caring Faith Communities to provide ongoing training and technical assistance to recovery support providers to ensure they are adhering to grant requirements, as well as to promote dialogue and a collaborative working relationship with clinical treatment providers.

Goal 2: Continue to assess the effectiveness of the Access to Recovery initiative in improving consumer outcomes.

Strategy

1. Collect, analyze and report provider and system performance as measured by the seven outcome domains.

E. Prevention

Missouri adolescents rank in the top 40% of the nation in alcohol use and in “binge” or risky drinking, and Missouri has the seventh highest rate of teen deaths due to accidents, homicides and suicide.

In October 2004, Missouri was awarded a five-year Strategic Prevention Framework State Incentive Grant (SPF SIG) by the Center for Substance Abuse Prevention of the federal Substance Abuse and Mental Health Services Administration. The purpose of the grant is to assist states in building and implementing a strategic prevention framework designed to reduce rates of substance abuse, especially underage drinking.

There are a large number of personal, familial, peer, and environmental variables that influence the likelihood of a person or a demographic sub-group’s use of legal or illegal substances. Moreover, it is widely recognized that these variables also affect the likelihood of a broad array of other risky behaviors including violence, school dropout, teen pregnancy, delinquency, suicidal behavior, and depression. Consequently, the advisory committee that oversees the implementation of the grant includes representatives from the following state agencies, all of which participate in prevention activities related to one or more of these behaviors in addition to substance abuse:

- Department of Economic Development
- Department of Elementary and Secondary Education
- Department of Health and Senior Services
- Department of Higher Education
- Department of Mental Health
- Department of Public Safety
- Department of Social Services
- Office of Administration, Children’s Trust Fund
- Office of State Courts Administrator

Together these agencies fund more than $21 million of programs that directly relate to substance abuse prevention, and an additional $9 million of programs for prevention of other related risky behaviors.

In the first year of the grant, the advisory committee developed a resource inventory of the State’s initiatives related to substance abuse prevention, completed a needs assessment, and assessed the training and staff development needs of the State’s prevention workforce. The focus of the grant is to assist local community coalitions in developing programs, practices, and policies to promote substance abuse prevention, using the five steps of the strategic prevention framework:

- Profiling needs, resources, and readiness to address problems and gaps;
- Mobilizing and/or building capacity to address needs;
- Developing a comprehensive strategic plan;
- Implementing evidence-based prevention programs;
- Evaluating effectiveness, and sustaining effective programs.

Although, as noted above, many of the risk and protective factors relevant to alcohol and drug abuse are also risk and protective factors relevant to other dangerous behaviors and to the development of other disorders, until recently, within DMH, only the Division of Alcohol and Drug Abuse has given significant attention to prevention initiatives. But, as the Strategic Prevention Framework Grant illustrates, prevention initiatives must be broadly based to be most effective. Therefore, there is a need to broaden the scope of the DMH prevention initiatives to address the needs of individuals served by all three divisions. Furthermore, the DMH prevention initiatives clearly need to be well coordinated with those of other state agencies, especially the Department of Health and Senior Services, which also has a prevention mandate, in order to assure the most efficient and effective use of resources.

Finally, Missouri's age adjusted rate of suicide is 22% higher than the national average. The suicide rates among adolescents and elderly males are of particular concern. Therefore, with assistance from a federal grant, the Department of Mental Health will expand suicide prevention activities based on the State's Suicide Prevention Plan which was developed jointly with the Department of Health and Senior Services.

Goal 1: Promote development of local prevention initiatives utilizing the Strategic Prevention Framework.

Strategies

1. Develop and disseminate a request for proposals to fund local community coalitions to implement programs, practices, and policies following the Strategic Prevention Framework.

2. Award and monitor local Strategic Prevention Framework Grants.

Goal 2: In consultation with the Department of Health and Senior Services, establish a DMH Office of Prevention to coordinate prevention initiatives across the three DMH divisions.

Strategy

1. Transfer the ADA Prevention Coordinator position to the DMH Office of the Director, and consult with the Department of Health and Senior Services in designing the responsibilities of the new position, and in recruiting and interviewing applicants for the new position.

Goal 3: Implement the State Suicide Prevention Plan in collaboration with the Department of Health and Senior Services.

Strategies

1. Develop a collaborative management structure with the Department of Health and Senior Services for implementing the plan.

2. Establish the Suicide Prevention Advisory Committee required by Missouri statute passed in Fiscal Year 2005.

3. Develop a Request for Proposal, solicit bids, and award contracts for suicide programming statewide.

4. Develop and implement program evaluation for the suicide prevention efforts.

5. Complete the memorandum of agreement for statewide participation by CMHC's in the national suicide hotline.

Goal 4: Develop a Department-wide strategic prevention plan.

Strategies

1. Conduct focus groups with staff from all three Divisions to determine current understanding of prevention.

2. Assess programming in each Division to determine current prevention programming.

3. Operationalize practices to increase consumer safety such as building inspections for hot water safety, cracks in walkways, and the like.

4. Review employee training practice to ensure that prevention is adequately covered in a way that will strengthen consumer safety.

5. Develop a strategic plan designed to infuse prevention throughout the Department.

II. QUALITY IMPROVEMENT

Regardless of whether they are facility or community-based, purchased or provided, the single most important characteristic of programs and services is that they be of high quality. Since "quality" is relative and the product of a variety of variables, and since our knowledge of what works is ever-changing, quality is not a static achievement, but instead requires continuous improvement.

There are four domains that require continuous quality improvement in order to assure the Department of Mental Health is fulfilling its most fundamental responsibilities: state

operated programs, community services, human resources, and management information systems.

A. State Operated Programs

The Department of Mental Health is involved in three important initiatives to improve the quality of care in state operated programs: improving the workplace for direct care staff, fully implementing a system for ongoing performance measurement and improvement, and implementing appropriate standardization across facilities.

In Fiscal Year 2004, DMH conducted focus group interviews with direct care staff at each state psychiatric facility and habilitation center to identify ways to improve the workplace environment for direct care staff. Staff identified the ability to have more control over their work schedules as a key to improving job satisfaction. Flexible scheduling systems, piloted at Fulton State Hospital and Marshall Habilitation Center, were shown to reduce mandatory overtime and increase staff satisfaction, while also providing more continuity of staff over "shift changes" and increased staffing during the high activity early evening hours. As a result, flexible scheduling is being introduced at each state operated facility.

In order to further improve working conditions, as well as care, DMH will be conducting focus group interviews with direct care staff to identify ways to eliminate abuse and neglect at DMH facilities. The most effective and efficient way to deal with abuse and neglect is to prevent it from ever occurring. One aspect of prevention is creating a work environment that reflects cultural change. Employees at all levels must be caring individuals who feel supported in their jobs, possess the skills and tools necessary to work with consumers, are compensated fairly and have a passion for their work which is displayed regularly. These focus groups are the beginning of this cultural change.

DMH has developed Scorecards to track and compare the performance of facilities on key indicators in four priority areas: Consumers and Stakeholders, Internal Quality, Organizational Capacity, and Financial and Budget. Baseline data was collected for each facility in Fiscal Year 2005. Performance indicators will be periodically compared with baseline data and a process for identifying performance "outliers" and developing and tracking plans of correction will be implemented.

In order to give greater focus to improving the quality, consistency, and efficiency of the facilities, DMH is creating an administrative and clinical team, with expertise from both the Division of Mental Retardation and Developmental Disabilities (MRDD) and the Division of Comprehensive Psychiatric Services (CPS) who will have responsibility and authority for overseeing the day-to-day operations of the facilities. The director of the team will report to the Department Director, and will serve on the DMH Executive Team along with the Division Directors. The directors of MRDD and CPS will continue to be responsible for all policies regarding their systems of care, including those involving admission to, and discharge from, the habilitation centers and psychiatric hospitals, as

well as decisions regarding program capacity, and the role and functioning of the facilities within their systems of care.

Goal 1: Complete the implementation of the flexible scheduling initiative and begin the abuse and neglect initiative.

Strategies

1. Establish flexible scheduling teams at remaining CPS and MRDD facilities.

2. Conduct focus groups with direct care staff at each facility regarding potential for reducing abuse and neglect.

3. Based on focus group recommendations, pilot abuse and neglect quality improvement teams at one or more CPS and MRDD facilities.

Goal 2: Complete the implementation of the Scorecard Performance Measurement Process for all CPS and MRDD facilities.

Strategies

1. Finalize baseline Scorecards for each facility.

2. Establish the quarterly review and remediation process.

3. Identify any measures that must be reviewed more frequently than quarterly, and establish the process for review and remediation.

Goal 3: Improve the quality, consistency, and efficiency of facilities, while continuing to maintain the distinctive role and clinical expertise of each facility in their larger systems of care.

Strategy

1. Establish a Facility Operations Team with the authority and responsibility to provide day-to-day oversight of the facilities, while maintaining each Division's authority and responsibility for establishing policies regarding the role and functioning of the facilities in their respective systems of care.

2. Provide core training for direct care staff that allows staff to transition if necessary to other facilities, including moving from a habilitation center serving persons with developmental disabilities to one of the psychiatric hospitals serving persons with mental illness.

B. Community Services

The Department of Mental Health is involved in three important initiatives to improve community services and supports: creating a system for ongoing performance measurement and improvement across all community programs, implementing a web-based resource to assist consumers in making informed choices about their services and among providers, and significantly enhancing the quality management processes of the Division of Mental Retardation and Developmental Disabilities.

DMH will develop scorecards to track and compare the performance of community service providers similar to the scorecards developed for the DMH facilities

Self-determination and recovery are dependent on consumers having access to good information in order to make informed choices. Furthermore, ready access to service and provider information is important in times of crisis or when an individual or family first recognizes that they may be dealing with a mental illness, developmental disability, or substance abuse problem. DMH will enhance consumer access to service and provider information by implementing a web-based consumer information resource.

Finally, with assistance from a Real Choice System Change Grant from the federal Centers for Medicare and Medicaid Services, the Division of Mental Retardation and Developmental Disabilities will enhance its quality management processes by re-instating a consumer peer review process, strengthening its health care monitoring processes, and developing and disseminating Quality Management reports to stakeholders.

Goal 1: Develop a Scorecard Performance Measurement Process for community service providers in each division.

Strategies

1. Involve consumers and families in the selection of appropriate quality indicators for the scorecards.

2. Use the Network of Care to make significant provider information available on the Web.

3. Include licensure and certification information on the DMH Web page.

Goal 2: Implement a web-based resource to assist individuals and families in accessing information about illnesses and disabilities, services, and providers.

Strategies

1. Implement the Network of Care, a web-based information system available to all consumers of the three divisions and the general public.

2. Promote the UMKC Mental Health Library System as a resource for consumers and families.

Goal 3: Enhance the quality management process for community services in the Division of Mental Retardation and Developmental Disabilities.

Strategies

1. Increase the participation of consumers and other stakeholders in review of the Quality Management System.

2. Reinstate the consumer peer review process utilizing the Quality Outcome Guidelines.

3. Strengthen healthcare monitoring processes.

4. Develop process for creating and disseminating Quality Management reports to stakeholders.

C. Human Resources

DMH has contracted with the Department of Organizational Development of the Truman School of Public Affairs to assist in identifying the Department's human resource development needs across all three divisions, and across both state operated facilities and community services. Based on the results of the needs assessment, DMH will establish human resource development priorities and a comprehensive plan for addressing those priorities.

In addition, with assistance from a Real Choice System Change Grant from the federal Centers for Medicare and Medicaid Services, the Division of Mental Retardation and Developmental Disabilities will develop a training, credentialing, and compensation system for direct care staff in MRDD community programs.

The framework for preventing abuse and neglect involves effecting cultural change both within the state-operated facilities and the community-based services by creating caring employees, who feel supported in their jobs, possess the skills and tools necessary to work with the consumers, are compensated fairly and have a passion for their work which is displayed regularly.

Goal 1: Implement a comprehensive human resource development plan.

Strategies

1. Identify human resource development needs utilizing a focus group process across all three divisions and including contract providers and state facilities.

2. Establish human resource development priorities.

3. Review and implement personnel recommendations coming from the DMH Commissioner's Report and the Governor's Task Force on Safety.

4. Develop comprehensive human resource development plan.

Goal 2: Establish a Direct Support Practitioner (DSP) credentialing and compensation system for direct care staff in MRDD community settings.

Strategies

1. Implement the three-year Real Choices System Change Grant in MRDD for direct contract staff training and credentialing.

2. Use the College of Direct Support and community partners to pilot training of direct contact staff with self-directed, web-based training materials.

3. Accumulate data to show outcomes of web-based training and credentialing.

4. Based on the accumulated data and results of the grant, formulate plans to expand and fund a statewide initiative.

D. Management Information Systems

The Department of Mental Health is in the final stages of implementing a new web-based management information system (Customer Information Management Outcomes and Reporting-CIMOR) to replace its outdated legacy systems. The ability to readily access and compare data across a wide range of domains is critical to the management and quality improvement of all of the DMH service delivery systems.

In addition, with assistance from a Real Choice System Change Grant from the federal Centers for Medicare and Medicaid Services, the Division of Mental Retardation and Developmental Disabilities will enhance its management information systems by developing an online consumer quality of life and service satisfaction system, a resource network for Positive Behavioral Supports, and automate the Action Plan Tracking System (APTS).

Goal 1: Complete the implementation of CIMOR.

Strategies

1. Complete development and testing of all screens.
2. Load baseline information into CIMOR.
3. Train staff and contractors on how to use CIMOR.
4. Deploy CIMOR components.

Goal 2: Enhance management information systems to support MRDD systems change initiatives.

Strategies

1. Develop an online consumer quality of life and service satisfaction system.
2. Develop a resource network for Positive Behavioral Supports.
3. Automate the Action Plan Tracking System (APTS).

III. EFFICIENCY AND ACCOUNTABILITY

Along with system transformation and quality improvement will be a relentless effort to increase efficiency and accountability while identifying and eliminating waste, fraud, and abuse.

GOAL 1: Develop a Scorecard Performance Measurement Process (described elsewhere in this plan) to enhance accountability.

Strategies

1. Involve consumers and families in the selection of appropriate quality indicators for the scorecards.
2. Use the Network of Care to make significant provider information available on the Web.
3. Include licensure and certification information on the DMH Web page.

GOAL 2: Strive to increase consumer safety at state facilities and community providers by vigorous monitoring.

Strategies

1. Achieve and maintain facility accreditation through national organizations (e.g., JCAHO, CARF).

2. Conduct on site safety reviews of community providers each year to assure compliance with critical safety and quality standards, contractual obligations, and billing regulations. This shall include hot water systems, electrical service, equipment in need of repair, and consumer training on safety issues when appropriate. Rigorous on-site certification surveys of all community providers will be conducted every three years.

3. The current DMH response to allegations of abuse and neglect has been found to be unsatisfactory. The system will be revamped based on the Governor's recommendations following the Mental Health Task Force deliberations. Staff training necessary to implement the recommendations will be conducted with a focus on prevention. The Department will aggressively investigate allegations of consumer abuse and neglect in accordance with applicable laws, administrative rules, and departmental policies.

GOAL 3: Utilize the new CIMOR system to monitor for fraud and abuse through improved management reports and data analysis.

Strategies

1. Implement CIMOR in FY 2007.

2. See Management Information Systems strategies described elsewhere in this report.